

USAID/Uganda Monitoring and Evaluation Management Services



FINAL REPORT ON USAID/UGANDA'S HIV/AIDS INITIATIVES



December 2003

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The views and recommendations expressed in this report are solely those of the MSI MEMS Team and are not necessarily those of USAID or the U.S. Government.



Contract No. GS-23F-8012H
Order No. 617-M-00-03-00007-00

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LIST OF ACRONYMS

AR	Mission Annual Report
ERG	USAID's Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs
IP	Implementing Partner
IR	Intermediate Result
MEMS	Monitoring and Evaluation Management Services Activity
MEMS IA	Monitoring and Evaluation Management Services' Initial Assessment
OVC	Orphans and Vulnerable Children
PI	Core Indicators for Monitoring the President's International Mother and Child HIV Prevention Initiative: Definitions and Guidance.
PLWHA	Persons Living With HIV/AIDS
PMP	Performance Management Plan
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SO	Strategic Objective
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington, D.C.
USG	United States Government
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

INTRODUCTION

The objective of this study was to move toward agreement on USAID/Uganda's HIV/AIDS indicators and data collection among key USAID staff and implementing partners, with attention to data quality, documentation and reporting. The study centers on HIV/AIDS indicators that are part of the results frameworks of the mission's strategic objectives and mandatory indicators as stated in USAID's Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs (ERG) and in the Core Indicators for Monitoring the President's International (PI) Mother and Child HIV Prevention Initiative: Definitions and Guidance. The purpose of the study was to identify areas where issues remain and to recommend ways that these might be addressed.

The study approach involved: a review of key documents; a one-day workshop of USAID's implementing partners and other select stakeholders and key USAID staff; discussions with key players, and an analysis of the results. A major input to the study was the results of the workshop's working groups that focused on completing key elements in a modified version of USAID's Indicator Reference Sheets.

KEY CONCLUSIONS AND RECOMMENDATIONS

The mission's core HIV/AIDS team has advanced the process of reporting on HIV/AIDS indicators, both mandatory and others in its strategic objectives' results frameworks. This has been accomplished by compiling a single list of all of the relevant HIV/AIDS indicators. The recommendations from the workshop and this report will be taken into consideration when finalizing the list. For most of the HIV/AIDS indicators, the recommendations from the workshop and this report will enable the team to make informed decisions leading to finalization of the reference sheet for each indicator. These should be finalized as soon as possible so that the data are collected in a consistent manner across the implementing partners.

The workshop discussions highlighted the importance of taking time to carefully define each indicator. The following terms still need to be defined: USAID-supported, USAID-funded, service delivery points, public-private partnerships, and standardized curriculum. It is recommended that the mission's core HIV/AIDS team define these.

Advances were made in the identification of the 'data source(s)' for each indicator. Also, progress was made at the workshop on reaching agreement on the data collection method for each of the indicators discussed. In a few instances, however, the way the data are to be derived was not clearly specified on the reference sheets from the workshop. This needs to be done so that it is clear whether the data are to be derived from records kept on individuals and households reached or from surveys.

A number of the indicators require more than one USAID implementing partner to provide the data, that is be the 'data source'. Since the activities of these partners are managed by different

USAID staff, it is recommended that the SO 8 team leader appoints a “indicator focal point” person for these.

Once an indicator description, data source and data collection method have been finalized, action is required so that baseline data and annual targets are set. It is recommended that each implementing partner who is designated as a data source be asked to provide baseline/trend data and to propose targets for the following years. The latter should be based on activity targets and the amount of funds devoted to achievement of these targets. The appropriate Activity Manager and, in some cases, the indicator focal point person should then be responsible for setting the indicator targets and inclusion of the baseline data on the appropriate performance measurement tracking form.

The workshop that was held related to this study was the first opportunity for all of USAID’s HIV/AIDS implementing partners and key select stakeholders to come together. This one-day gathering led to an increase in understanding more about the activities of the other partners. A number of approaches are recommended to further information sharing and coordination between the different partners and other select stakeholders. These approaches include wider distribution of annual activity reports, and an annual meeting to discuss the mission’s HIV/AIDS performance measurement results.

Also, it is recommended that the mission take steps to generate information on lessons learned and best practices in two particular areas. These areas are: cost-effective approaches to community outreach, and the contribution of the mission’s economic activities to mitigating the negative economic impact of HIV/AIDS on specific types of HIV/AIDS affected households.

1.0 INTRODUCTION

1.1 Background

The U.S. Government (USG) is a key partner of the Government of Uganda in addressing Uganda's integrated strategic plan for HIV/AIDS. For the past 12 years the USG, through USAID and the Center for Disease Control, has been the largest bilateral donor, providing consistent and sustained support to Uganda's successful intervention to combat the HIV/AIDS epidemic. Two recent Presidential Initiatives focus on HIV/AIDS, namely the International Mother and Child HIV Prevention Initiative, and the Emergency Plan for HIV/AIDS Relief. The former seeks to prevent the transmission of HIV/AIDS from mothers to infants and to improve health care delivery in Africa and the Caribbean is worth \$500 million. The President's Emergency Plan for AIDS Relief will provide \$15 billion (including almost \$10 billion in new funds) over five years to turn the tide in the war on HIV/AIDS. Uganda has been selected as a "focus" country for both of these initiatives.

For several years USAID/Uganda has supported two pioneering Ugandan NGOs (The AIDS Information Centre and The AIDS Support Organization) to provide voluntary counseling and testing (VCT) services and support to the people living with HIV/AIDS (PLWHA). Currently USAID's support in the area of HIV/AIDS is channeled to implementing partners through a set of activities which include among others: the AIM Project; UPHOLD Project, Commercial Marketing Strategies and Title II PL 480. USAID/Uganda's HIV/AIDS activities are part of its Integrated Strategic Plan for 2002 – 2007.

USAID places a high emphasis on performance monitoring, to track the results of the activities funded. As a result, USAID/Uganda through a contract with Management Systems International has funded the Monitoring and Evaluation Management Services (MEMS) Activity to assist the mission and its implementing partners in performance measurement

The MEMS Initial Assessment (IA) included a review of USAID's performance management plans (PMPs) for its strategic objectives and for on-going and newly designed activities. The review covered data currently being collected, with a focus on the mission's readiness to report on progress using data that meet USAID's data quality standards. The following were among the recommendations of the IA: reduce number of indicators in the SO PMPs; establish a timeline for completion of steps including dates by which all baselines must be established and all targets set; establish as a principle that reporting requirements be included in activity agreements and reporting schedules set to provide information at appropriate times for Agency reporting; and the conduct of this HIV/AIDS study.

1.2 Objective and Purpose

The objective of this study is to move toward agreement on HIV/AIDS indicators and data collection among key USAID staff and implementing partners, with attention to data quality, documentation and reporting. Harmonization of data collection by USAID implementing partners is an over-arching objective.

The study centers on HIV/AIDS indicators that are part of the results frameworks of the USAID/Uganda's Strategic Objective Improved Human Capacity (SO 8) and those related to the mission's other strategic objectives, as well as the mandatory indicators as stated in USAID's Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs (ERG) and in the Core Indicators for Monitoring of the President's International (PI) Mother and Child HIV Prevention Initiative: Definitions and Guidance. The purpose of the study was to identify areas where issues remain to be addressed and to recommend ways that these might be resolved. The recommendations center on a) items that need to be addressed for specific sets of indicators and b) issues that cut across indicators.

1.3 Study Approach and Methods

The study approach involved the use of two methods: qualitative, and written documents. First, the consultant reviewed and analyzed key documents centered on a) the USAID/Uganda list of draft HIV/AIDS indicators, b) mandatory guidance, and c) related USAID guidance. Second, the consultant used as input a) discussions with the USAID team guiding this study and with MEMS, and b) key discussions and the outcome of a one-day workshop of key USAID staff, MEMS, HIV/AIDS implementing partners and other select stakeholders. Therefore, the study was very participatory.

1.4 Issues Addressed

The study addressed the following issues:

- The HIV/AIDS indicators that need to be tracked for the SO results frameworks and for external requirements
- Elements of data quality, in particular agreement on the definition of each indicator, as well as its data source (who will submit the data to USAID) and actions to be taken to avoid double counting.
- Outstanding steps for completing indicator reference sheets and the setting baselines/benchmarks and targets.
- Ways to increase cooperation and information sharing between HIV/AIDS implementing partners, relevant Government of Uganda officers and other key stakeholders.

1.5 Organization of the Report

The main body of this report covers the findings, conclusions and recommendations, with attention to those that cut across indicators. Appendix A provides information on the one-day workshop: list of participants, agenda, objectives, list of documents distributed, and the results from participants' evaluation of the meeting. Appendix B provides the consultant's scope of work.

2.0 FINDINGS

2.1 HIV/AIDS Indicators: General Observations

A core group consisting of the USAID/Uganda HIV/AIDS national advisor, the HIV/AIDS local-level advisor, and two individuals from the Program and Policy Office has guided this study. The core group, referred herein as the USAID core HIV/AIDS group, assisted by MEMS, has taken the initiative to develop a complete set of USAID/Uganda HIV/AIDS indicators. This set includes the HIV/AIDS indicators under the results frameworks for SO 8 (which is the main SO for the HIV/AIDS activities in Uganda), the mission's other SOs, and the mandatory indicators specified in USAID's Expanded Response Guide and the definitions and guidance issued by the President's International Mother and Child HIV Prevention Initiative. This effort has resulted in the compilation of a list of all HIV/AIDS indicators, and many of the mandatory indicators have been included in the SO 8 results framework. As a result, the indicators are not always appropriate in terms of the results framework; for example, some PI indicators are national in scope. Nevertheless, the end result is a single listing of all USAID/Uganda HIV/AIDS indicators.

The staff and officers of USAID/Uganda are challenged in their ability to bring implementing partners on-board to provide data on some mandatory indicators because the guidance issued is vague on particular indicators. In particular, the recently issued definitions and guidance on the PI for the prevention of mother to child transmission of HIV/AIDS has three indicators for which it is unclear whether they are to cover USG supported services or national level data. These indicators are:

- #6 Number of health facility sites providing the minimum package of PMTCT services
- #7 Number of health facility sites providing the minimum package of PMTCT+ services
- #8 PMTCT and PMTCT+ service uptake, measured by three cascading indicators

The PI guidance states that the data are to be reported twice a year, bi-annually. It is unclear whether the data reported each time are to refer to the last six months or whether one report is to refer to the last six months and the second report covers the last 12 months. Also, the report submission dates have yet to be communication to the mission. The mission indicators call on the relevant partners to submit data annually on the same indicators for USAID-funded districts.

The workshop objectives centered on increasing participants understanding of USAID's performance monitoring system, including data quality standards; new reporting requirements on HIV/AIDS indicators; and fine-tune the indicators, in particular indicator statements and identify key issues related to data collection methods and reporting.

The one-day workshop focused initially on providing a common understanding of the context for the later discussions on indicators. It covered the USAID/Uganda program for HIV/AIDS and special initiatives, performance monitoring within USAID's system of managing for results and the role of MEMS. Also, partners were notified about plans for reporting that will feed into the

missions Annual Report for FY 2003. The general timeline for submission was given and the need for data to cover October 1 – September 31st. Some participants voiced frustrations since USAID/Uganda was unable to provide them with more specific information, since the mission has not received guidance from USAID/W on this year's annual report.

The participants met in small working groups, each with a facilitator from USAID or MEMS. The five working groups were: Voluntary Counseling and Testing (VCT); PMTCT; Community Outreach; Health/Education; and Multiple and other. Each working group focused on the indicators from the mission HIV/AIDS list applicable to them. They met for approximately three hours and then one hour was devoted to the working groups reporting back to all participants and responding to questions. The results of the working groups shall be considered by the USAID core HIV/AIDS team in the finalization of the HIV/AIDS indicators.

2.2 HIV/AIDS Indicators: Statements and Descriptions

The working groups at the partner's workshop reviewed indicators on the USAID/Uganda HIV/AIDS Indicators list and were guided in their discussions by an adaptation of the Performance Indicator Reference sheet.¹ The review led to recommendations on modifications in indicator statements, inclusion of additional indicators (largely from the mandatory lists) and deletion of specific indicators.

Two indicators were recommended for deletion. They are:

1. Indicators under SO 7, Number of food aid clients also receiving non-food assistance (complementary assistance from) through community based organizations.
2. Indicator under sub-IR 8.2.1, Percentage of UPHOLD/AIM district budgets allocated and released to health, education and HIV/AIDS. (justification: not enough USAID influence, difficulty getting data and establishing baseline and reasonable targets).

The discussions of indicator statements and definitions revealed the importance of partners reaching agreement on the terms. It became obvious that a number of terms used in the indicator statements needed to be precisely defined. In a few instances, the working group was unable to identify a precise definition of what the indicator meant. This arose in the discussions centered on *government quality standards*, *public-private partnerships*, *service delivery points*, and *standardized curriculum*.

Many indicators include the phrase *USAID-supported* or *USAID-funded*. *USAID-supported* is used in indicators related to community based and home based care programs, service delivery points, and VCT and prevention of mother to child transmission (PMTCT) facilities. Some mandated indicators use the term *USAID-funded*.

¹ Most but not all of the indicators were considered. Not discussed were indicators for which the data will be generated by special surveys, data collection efforts outside of the mission activities such as the DHS and sero-prevalence surveys, and those under the SO 8 intermediate result on strengthened enabling environment for social sector services.

The meeting avoided devoting time to defining these terms, except for a brief discussion in the full group. Some participants felt that *USAID-supported* should be defined to cover any type, degree and extent of interaction, whereas others felt that it should be reserved to refer to a “special relationship” between the USAID funded partner and a local entity (such as a service delivery point and service facility). Also, a brief discussion on the terms *service delivery points* yielded varied views on what should be covered and how it should be defined.

With the exception of the above terms, the working groups advanced a common, precise definition of each of the indicator statements or highlighted choices or how the decision might be made.

2.3 HIV/AIDS Indicators: Plan for Data Acquisition and Submission

The workshop discussions led to revisions in the ‘data source’ as identified in the USAID HIV/AIDS Indicators list. According to USAID/W guidance on indicator performance sheets, the ‘data source’ refers to who will submit the data to USAID. When identifying data sources, the workshop participants were mindful of the need to avoid double counting. Participants agreed that the lead implementing partner (i.e. the lead contractor or lead cooperating partner) should be responsible for the performance monitoring data on its activities, including its sub-contractors and grantees (herein referred to as sub-partners).

Participants addressed the data collection method for each indicator. In a number of cases, the approach involves the lead implementing partner gathering the data from its sub-partners. The exact way the data would be generated (e.g. from service records) was specified, but not for every indicator. The latter is an important issue since the MEMS’ IA identified indicators where the data collection method was inconsistent across ‘data sources’ for the same indicator. Most of the ERG indicators require (or imply) that the data be based on actual service records and not surveys. The community outreach indicators are the most challenging in this regard, since a number of activities may be reaching the same PLWHA, orphans and vulnerable children (OVCs) and households.

For most indicators the frequency and timing of data collection from sub-contractors and sub-grantees as well as from the lead partner were not elaborated. The timing of data submission and method of submission was at best briefly touched upon, due to time constraints. The mission HIV/AIDS indicators list does specify the frequency of submission to USAID: bi-annually for the PI indicators and annually for the other indicators.

The USAID/Uganda mission has decided that the annual PMP data submitted should cover the entire reporting period that is from October 1st through September 31st. This decision was communicated at the meeting, as was the deadline of November 2003 for the mission’s Annual Report (AR) to USAID/W. USAID/Uganda is awaiting the instructions from USAID/W prior to providing instructions to their lead implementing partners including MEMS.

Since the lead implementers are responsible for gathering the data from the sub-partners, the timeline for the AR for FY 2003 is extremely tight. At best it takes the lead partners some two weeks to obtain the information from their sub-implementers. Then in some instances, the lead partners need to liaise with other lead implementers to assure no double counting occurs on

specific indicators. Next, they need to devote time to aggregating the data and, hopefully, providing a narrative to explain what the data represent and changes from what was planned and to identify any lessons learned plus provide qualitative “success stories”. These reports are then to be provided to USAID and MEMS for developing a consolidated report, with aggregation of data from the data sources, a narrative on the results that includes changes from results planned and lessons learned, and include success stories. The MEMS Progress Report shall cover the mission’s entire portfolio.

2.4 HIV/AIDS Indicators: Data Quality Issues

The results of the working groups reveal efforts to ensure data consistency and clarity.

As noted above, the working groups at the workshop addressed ways to avoid double counting. This risk arises since both UPHOLD and AIMS have the same sub- partners and since more than one activity may be reaching the same individuals or households.

In the initial part of the workshop, the consultant’s presentation included addressing the importance of data documentation and storage. The consultant pointed out the need for an “audit trail” for the data submitted. The indicator reference sheets included an item on data documentation to serve as a reminder even though the working groups did not discuss this item due to time constraints. The MEMS presentation at the meeting included their role in the conduct of Data Quality Assessments.

2.5 Key Outstanding Steps

The need for baseline/benchmark data and targets for each indicator were touched upon at the meeting, but not stressed. This decision was made since these can only be done after USAID has finalized its list of indicators and the performance indicator reference sheets are completed to the extent that there is agreement on each indicator statement, definition, unit of measure, and collection method. To the extent possible, these decisions will then guide the collection of the baseline/benchmark data. The baseline/benchmark data together with any trend data and information of levels of funding should then be used to inform the setting of targets.

2.6 Cooperation, Information Sharing and Generation

The September workshop of implementing partners and other key stakeholders was the first opportunity for them to come together, to meet face to face and exchange information. The workshop evaluation results indicate that the one-day exchange led to participants’ knowing more about what others are doing. To date, most of the USAID funded activities have operated within a project rather than a program mode. The quarterly and annual reports of the IPs normally are not distributed to key parties in USAID, such as the Program and Policy Office, and to MEMS. Also, the annual reports of the implementing partners are not shared with key related partners.

The USG, largely though USAID has been active in addressing the HIV/AIDS situation in Uganda. Uganda has a high profile as a ‘model’ in addressing HIV/AIDS and a large amount of U.S. government funds go into Uganda for HIV/AIDS. Yet, where are the well-documented studies that contribute to a better understanding of what is required in terms of capacity building

and institutional development, and on cost-efficient approaches to the provision of services? For example, there is value in having well-documented data that address a) how certain decisions were made, and challenges faced and addressed, b) the service delivery costs (in addition to other costs and technical input into human resource development, management and administration and so forth), and c) effectiveness in terms of results and numbers reached, and d) lessons learned.

3.0 CONCLUSIONS, RECOMMENDATIONS AND LESSONS LEARNED

The conclusions and recommendations that follow are based on the above text and the work accomplished to date.

3.1 Conclusions

The USAID/Uganda core HIV/AIDS team has advanced the process of mission reporting on HIV/AIDS indicators, both mandatory and others, by compiling a (draft) list. Revision of this list, based on decisions that take into account the suggestions made at the September partners' workshop and this consultant, and inclusion of the final list into the PMP for SO 8 permits the mission and its implementing partners to have one document that sets out key information on each HIV/AIDS indicator that will be tracked.

The September partners' workshop contributed to a better understanding of the mission's HIV/AIDS indicators, including externally mandated indicators. Nevertheless, some frustrations were voiced about the timeline and lack of clarity on what is needed for the missions AR.

The discussions in the work groups at the September workshop underscored the importance of making sure that the indicator statements are defined in precise terms. Without a common understanding among those collecting the data, the risk of collecting inconsistent data is high.

A major outstanding issue is the precise definition of the following terms: *USAID-supported*, *USAID-funded*, *service delivery points*, *private-public partnerships*, *standardized curriculum*, and *government standards*.

A number of suggestions were made for modifying indicator statements. A few of the suggestions on mandatory indicators, however, must be considered by the USAID core HIV/AIDS team in light of the intent of the mandatory indicators.

USAID staffs are doing a commendable job in advancing agreement on collection of data on mandatory indicators under the Presidential Initiative related to PMTCT, where the guidance is vague.

Significant progress was made in the identification of the 'data sources,' that is who is responsible for gathering the data and reporting to USAID. The decisions made will help reduce the possibility of double counting. In a few instances, a government ministry is listed as the data source.

The indicator statements and descriptions often imply the data collection method. Nevertheless, the method of how the data will be generated needs to be explicit on each reference sheet, together with specifying the frequency of data collection by the data sources.

On some indicators the data might need to be collected by the lead implementing partner from its sub-partners more often than once a year to ensure that the requisite data are in hand.

For most of the HIV/AIDS indicators, recommendations from the workshop and this report will permit the USAID HIV/AIDS team to make informed decisions leading to finalization of the indicator reference sheets to the extent that uniform data should be forthcoming from the data sources.

Three indicators need more work in order to finalize them. The PIASCY, the standardized curriculum, and the private-public partnership indicators are the least developed. The indicator of USAID-supported health and education facilities meeting minimum Government standards also needs further work. Standards have been set for health facilities but not educational facilities.

The workshop advanced an understanding of data quality standards through its focus on the precise definition of indicator statements, units of measure and ways to avoid double counting. Nevertheless, the workshop evaluation results suggest that a number of participants do not have a good understanding of how and when the coordination would occur.

The workshop introduced the need for the 'data sources' to have and store documentation that supports the data they submit. More might be done to make them aware of their responsibilities prior to the MEMS data quality assessment.

Even after finalization of the reference sheet on each indicator, questions are likely to arise. In a number of cases more than one activity contributes to the indicator results and these activities have different Activity Managers. This leads to the risk of different interpretations and instructions being given for an indicator.

Given the short lead time for obtaining data on the indicators and complementary information for the mission AR for FY 2003, it does not appear reasonable to expect that the indicators reported on will have baseline/benchmark data and targets. Furthermore, the data may not reflect the indicator description and explicit or implicit data collection method

Use of the SO and mandatory performance data by USAID to manage for results appears hindered by the activities having their own set of indicators, which often do not include those that are externally mandated and those that are part of the Strategic Objective results framework. At other times, the activity indicators are similar but not the same as the mission HIV/AIDS indicators, due to a different definition of the terms or a different data methodology.

The results of the workshop evaluation suggest that the partners workshop advanced a greater understanding of the different activities being undertaken in the HIV/AIDS field by USAID. More ought to be done to advance an understanding of the synergy between the USAID-funded activities and to share information based on lessons learned and best practices.

3.2 Recommendations

The mission list of HIV/AIDS indicators should be grouped under two sub-headings: the SO Results Framework Indicators, and the Additional Mandatory Indicators. In addition, the indicator reference sheets should form part of this document.

The mission's core HIV/AIDS team should use the suggestions on indicator reference sheets and in this report to inform decisions that lead to completing the sheets. This should receive priority attention.

Since questions of interpretation of specific indicators may arise, it is recommended that the SO 8 team leader designate an 'indicator focal point' person for sets of indicators with more than one 'data source.' For example, a focal point person should be appointed for a) VCT, b) OVCs, c) PMTCT, and d) broad-based. The focal point person should be involved in completion of the reference sheets and answer questions about interpretation. This action would reinforce consistency in data collection.

The USAID core HIV/AIDS team (two HIV/AIDS advisors and two staff from PPD) should decide how the terms, *USAID-supported*, *USAID-funded* and *service delivery points* should be defined. For the former, it should take into account that the Expanded Response Guidance uses the word *supported* rather than *assisted*, suggesting that it should not include brief, one-off interaction.

In regard to the PMTCT indicators, it is recommended that the annual collection of data not be for *USAID-supported districts* but rather for *USAID-supported facilities*. Also, where the reference sheets designate the MOH as the data source, it would be better to designate a USAID activity that works with the MOH on its improved MIS system. It is suggested that UPHOLD be the data source. When the denominator for the indicator involves providing an estimated number, UPHOLD could be requested to work with the mission's HIV/AIDS national advisor to decide what number to use.

The USAID SO 8 Team should reconfirm that it intends to remain with its indicator statement related to individuals receiving VCT, rather than the ERG mandatory indicator and then write up the justification for the records.

Action is required so that baseline/benchmark data and annual targets are set for the HIV/AIDS indicators. The following method ought to be considered for setting targets and baseline. For each indicator, each data source should be asked to provide baseline/trend data and to propose targets for the following years. The latter should be based on activity targets and the amount of funds intended to be devoted to achievement of these targets. The appropriate Activity Managers and the indicator focal point person should study the results. Thereafter, they should meet with each data source to agree on the activity targets. The resulting targets can then be aggregated to provide a single target for each indicator. The Activity Managers together with the indicator focal point person or PPD will need to decide on the data that should be used for the baseline.

The mission might consider a two-phased reporting period. For those indicators on which the data are needed for the annual report, one due date could be set. For the other indicators, a due date of approximately one month later might be set. This would allow the lead partners more time to collect the data and more time to focus their attention on the information required for this year's AR. When reporting, the partners should be asked to explain what actions they have taken internal to their activity and with other activities to avoid double counting.

In line with the MEMS' IA, once the indicator reference sheets are finalized, the Activity Managers should review the activity-level indicators of the implementing partners with which they work. The managers should make sure that the activity-level indicators are consistent with those on the mission's HIV/AIDS list and the relevant indicator reference sheet. The consistency ought to be in terms of definitions and data collection methods.

In addition, where necessary the responsibilities for reporting on these HIV/AIDS indicators ought to be included in a memorandum of understanding or amendment to other legal documents. PPD should liaise with the Contracting Officer to ensure that new contracts or cooperative agreements have included performance results reporting as a requirement.

Activity Managers should **only** approve annual work plans that include actions related to collecting and reporting data in line with the mission's HIV/AIDS indicators. They should also consider eliminating some activity indicators to lessen the amount of time required for data collection and reporting.

The next meeting of the key implementing partners should include further attention to data quality requirements. The IPs should be pro-active so that the results of the MEMS data quality assessment are positive. In particular, there needs to be a clear understanding of what documentation must be kept by the lead partners, as well as others, and that the documentation needs to be readily accessible. The IPs should recognize that they have a responsibility in verifying the accuracy of the data that gets submitted to them from their sub-partners. Lastly, ways to avoid double counting need to be reviewed.

A number of approaches are suggested to further information sharing and coordination between the different implementing partners and other select stakeholders. First, the annual activity reports ought to be distributed electronically to MEMS, PPD and key IPS. Second, the MEMS Progress Report, based on consolidated performance results reporting, ought to be distributed to the IPS and key stakeholders. Third, an annual meeting ought to be held after the distribution of the MEMS Progress Report to generate discussion on ways to better manage and achieve results. Fourth, MEMS should be responsible for selecting Horizon briefs that are likely to be relevant to the HIV/AIDS IPS, requesting some 10-20 hard copies, and then distributing these to appropriate lead IPs for distribution to those who do not have internet access.

The mission should take steps to generate information on lessons learned and best practices. Three ways are suggested. One, where feasible, evaluations should cut across activities that address the same technical area, e.g. VCT, PMTCT. Two, a couple high quality special or operations research studies, which meet international standards (e.g. the International AIDS Economist Network) should be completed on community outreach to generate a best practice or lessons learned. Three, the MEMS study budget might be used to carry out strategic studies to inform decision-making and document results. In particular, cross-sector studies should be undertaken to document whether the mission's economic activities are reaching and benefiting households that care for orphans and those which have a PLHA, as well as volunteers involved in community-based support, care and counseling.

3.3 Lessons Learned

The modified indicator reference sheets appear to be extremely useful to the implementing partners, although the term 'data source' is confusing. The 'normal' reference sheets are geared to USAID managers and hence less useful to those responsible for gathering and submitting the data to USAID.

A one-day workshop with implementing partners and other key stakeholders can build a foundation for cooperation and advance an understanding of the activities across a USAID program. Furthermore, involvement of the implementing partners in the completion of the indicator reference sheets leads to a better understanding of the feasibility of the data generation, collection and reporting and to gaining a common understanding of the precise meaning of an indicator. This type of workshop, with a range of objectives and participants, can start a process. A single workshop is unlikely to lead to all of the desired outcomes.

SOURCE DOCUMENTS

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APPENDIX A

WORKSHOP

A.1 List of Participants

Name of Participant	Organization	Designation
Sarah Mayanja	USAID	Education Specialist
Sandra Ayoo	USAID	Conflict Advisor
Ruth Sempa	USAID	Food security
Ken Heise	AIM	Assistant Director
Evas Kansiime	AIM	M&E Manager
John Kabera	POLICY Project	Country Director
Josephine Kalule	CRD	HIV/AIDS Advisor
Geoffrey Olupot	UPHOLD	M&E Officer
Rob Cunnane	USAID	Team Leader (SO 8)
Chastain Fitzgerald	PSI	Director
Susan Kambabazi	PSI	Research Assistant
Jessica Kafuko	USAID	Project Magt. Specialist
Emmet Murphy	ACDI/VOCA	Dep. PM/Grants Mgt.
Sandra Kugonsa-Isingoma	ACDI/VOCA	Asst. Grants & Dev. Mgt.
Kusemererwa Araali	MOES	SEO/PPE
Annie Kabogoza-Musoke	USAID	DAS/SO8
Jerry Henderson	Development Associates	DA/LSA
Catherine Barasa	MOES	HIV/AIDS Advisor
Atukunda Innocent	Africare	Field Officer
Robert Kwesigwa	Africare	Program Coordinator
Linda Andrews	EGPAF	Technical Advisor
Nuwaha Fred	EGPAF	Program Manager
Renuka Pillay	BEPS	EPI Advisor
Beekunda George	MGLSD	Commissioner
Ndiku Richard	MGLSD	Senior Statistician
Yusuf K Nsubuga	MOES	Commissioner
Nabukhonzo Pamela	UBOS	Statistician
Michael Muyonga	STD/ACP MOH	Behavioral Scientist
Josephine Kagumba	ACDI/VOCA	Program Nutritional
Steve Kiingi	ACDI/VOCA	Compliance Manager
Dan Ahimbisibwe	USAID	Program Officer
Steve Wilber	DELIVER	Logistics Advisor
Eva Mulema	DA/LSA	Deputy COP
Peter Cowley	CMS	Director
Donna Kabatesi	CDC	Director of Programs
Edward Were	UAC	SA
Dr. Hatimana-Lukanika	AIC	Director
Dr. E. Mukooyo	MOH	ACHS/RC
Dr. S. Asiimwe	MOH	SIS
Robert Ochai	TASO	M&E Officer
Albert Siminyu	USAID	M&E Specialist
Liz Kiingi	USAID	PPD Officer
Amy Cunningham	USAID	HIV/AIDS Advisor-National
Elise Ayers	USAID	HIV/AIDS Advisor
Patricia David	UPHOLD	Senior Evaluation Advisor

Name of Participant	Organization	Designation
Dr. Justine Nankinga	STD/ACP MOH	PMTCT M&E Officer
Rosern Rwampororo	MEMS	COP
Polly Mugisha	MEMS	M&E Expert
Carolyn Barnes	MSI	Facilitator
Justine Kyawalabye	MEMS	Finance Manager
Caroline Kasabiti	MEMS	Administrative Officer
Drake Mugabi	MEMS	Data Manager
Stanley Golooba	MEMS	Logistics Coordinator
Augustine Wandera	MEMS	M&E Expert
J. Kamara	USAID	PO

A.2 Documents Distributed at the Workshop

1. WORKSHOP AGENDA
2. EXPANDED RESPONSE GUIDE TO CORE INDICATORS FOR MONITORING AND REPORTING ON HIV/AIDS PROGRAMS
3. CORE INDICATORS FOR MONITORING OF THE PRESIDENT'S INTERNATIONAL MOTHER & CHILD HIV PREVENTION INITIATIVE
4. MONITORING AND EVALUATION MANAGEMENT SERVICES (MEMS) FACT SHEET
5. MEMS POWERPOINT PRESENTATION
6. PERFORMANCE MEASUREMENT WITHIN USAID'S MANAGING FOR RESULTS SYSTEM (POWERPOINT PRESENTATION)
7. SO8 RESULT FRAMEWORK AND ITS LINKAGE TO OTHER SOS
8. USAID MISSION HIV/AIDS INDICATORS LIST
9. PERFORMANCE INDICATORS REFERENCE SHEET AND GUIDE
10. WORKSHOP EVALUATION FORM

A.3 Agenda for USAID/Uganda's Meeting with Partners on HIV/AIDS Performance Monitoring

Kampala, 17 September 2003

Time	Topic
	Welcome and Opening Remarks – USAID
9:00	Introduction to the Workshop, MEMS
10:15	Performance Monitoring within USAID Managing for Results System
	Discussion
10:45	Coffee break
11:00	Participatory Discussion: Use of Data by Implementing Partners
11:25	Working Groups: HIV/AIDS Indicators
	Instructions
	Break-out into five groups
1:00	Lunch break
2:00	Wrap-up in Working Groups
3:30	Report back to large group using Indicator Reference Sheet
	Discussion
4:45	Participants' Evaluation of Workshop
	Closing Remarks and Next Steps- USAID

A.4 Workshop Evaluation Results

Below is a summary of the results of the workshop evaluation.

Participants asked to use a 1-5 scale, with 1= not effective and 5=very effective

ITEM	Average Score
1.0 Overall Workshop Effectiveness	
Objective 1: Better understanding of	
• USAID performance monitoring and new reporting requirements on the HIV/AIDS programs...was met	3.5
• Data quality standards in data collection and reporting.	3.6
• Coordination and harmonization of HIV/AIDS indicators between implementing partners	3.3
• Objective 2: “ Fine-tuning of the SOs and IR level indicator definitions and identifying key issues related to data collection methods and reporting on selected indicators” was met.	3.8
2.0 Group Work Effectiveness	
• Participatory group approach was effective in generating consensus and/or feedback required on the selected indicators addressed in this workshop.	3.9
• Working in small groups enhanced further understanding of the HIV/AIDS issues regards performance measurement and reporting.	4.0
• Small group approach enhanced sharing and harmonization of PMP data collection methods between partners.	3.6
• Reporting back from small working group discussions enhanced further understanding of the nature of performance data collected by the different implementing partners.	3.5
3.0 Usefulness of Networking	
• Bring together partners that work in the area of HIV/AIDS to focus on measurement & reporting issues has helped to improve consistency and accountability in which reporting on HIV/AIDS will be done.	4.0
• This kind of coordination has helped to iron out potential for duplication of efforts.	3.5
• I know more about what other partners are doing in the HIV/AIDS area after this meeting than I did at the beginning.	3.9

APPENDIX B

Modified Performance Indicator Reference Sheet

Modified Performance Indicator Reference Sheet
Strategic Objective:
Intermediate Result:
Indicator:
DESCRIPTION
Precise Definition(s):
Unit of Measure:
Disaggregated by:
PLAN FOR DATA ACQUISITION AND SUBMISSION
Data Source(s):
Data Collection Method:
Frequency/Timing of Data Collection :
Frequency/Timing of Data Submission to USAID:
Method of submission to USAID:
DATA QUALITY ISSUES
Actions Taken or Planned to Avoid Double Counting:
Documentation files:
OUTSTANDING ISSUES/ ITEMS FOR CLARIFICATION
RECOMMENDATIONS to USAID

APPENDIX C

Statement of Work for Special Study on HIV/AIDS – September 2003

Background

The government of Uganda, in collaboration with USAID and other donors has developed an integrated strategic plan that presents long-term visions for HIV/AIDS. USAID actively participates in coordination and collaboration meeting with other donors and the government of Uganda partners to ensure partnership and to avoid duplication of efforts in the fight against HIV/AIDS.

HIV/AIDS has attracted substantial support from the United States Government for the past 12 years through USAID and Centre for Disease Control (CDC). The United States Government has been the largest bilateral donor, providing consistent and sustained support to Uganda's successful intervention to combat the HIV/AIDS epidemic. USAID/Uganda has for a long time supported two pioneering Ugandan NGOs (The AIDS Information Centre [AIC] and The AIDS Support Organization [TASO]) to provide voluntary counseling and testing (VCT) services and support to the people living with HIV/AIDS (PLWHA). Currently USAID's support in the area of HIV/AIDS is channeled through, implementing partners and NGOs which include among others: AIM Project; UPHOLD Project, Commercial Marketing Strategies (CMS), Title II PL 480, TASO and AIDS Information Centre (AIC).

Two of the presidential initiatives focus on HIV/AIDS, namely the International Mother & Child HIV Prevention Initiative and Emergency Plan for HIV/AIDS Relief. The International Mother and Child HIV Prevention Initiative that seeks to prevent the transmission of HIV/AIDS from mothers to infants and to improve health care delivery in Africa and the Caribbean is worth \$500 million. The President's Emergency Plan for AIDS Relief will provide \$15 billion (including almost \$10 billion in new funds) over five years to turn the tide in the war on HIV/AIDS. While the United States will continue to work throughout the world to combat HIV/AIDS, this initiative will focus a significant amount of these resources on the most afflicted countries in Africa and the Caribbean which include:- Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. These 14 countries, are also the focus of the President's International Mother-and-Child HIV Prevention Initiative, are among the highest in prevalence of HIV infection and account for nearly 20 million HIV-infected men, women and children (almost 70 percent of the total in all of Africa and the Caribbean). The Implementation of the President's Emergency Plan for AIDS Relief will be based on a "network model" being employed in countries such as Uganda.

Objective of the Assignment/Special Study on HIV/AIDS

Considering the old and the new USAID efforts to contain the HIV/AIDS epidemic, there is a need to develop a comprehensive HIV/AIDS performance measurement strategy and to effectively measure and assess the level of performance and also to report to USAID Washington. Such performance measurement can only be meaningful if all USAID implementing partners and stakeholders have common yardsticks "indicators" and common understanding of these indicators, definitions and concepts. Performance measurement of such efforts should also be cognizant of appropriate monitoring of outcomes and impact indicators at the implementing partner level.

In order to enhance efforts and also to have a good understanding of what each stakeholder is doing in the area of HIV/AIDS, there is a need for better collaboration among stakeholders, sharing of information (in terms monitoring and study on HIV/AIDS) and best practices e.g. in service delivery and district level interventions. The objective of this study therefore, is to move towards agreement on indicators and data collection issues among implementing partners and other stakeholders by addressing indicator statements, definitions, data sources, data collection methods, and reporting, with attention to elements of data quality, data documentation, , and reporting. The study will go beyond what the MEMS' Initial Assessment (IA) has established, by addressing data documentation issues, identify whether there is agreement indicator and data issues; and any outstanding issues on indicators, data and reporting.

The study should therefore cover:

- Assessment of all HIV/AIDS indicator (including PMTCT) statements, definitions and units of measure. (This review process should be guided among other things by Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs, and Core Indicators for Monitoring of the President's International Mother & Child HIV Prevention Initiative: Definitions and Guidance; and Global HIV/AIDS Guidelines on M&E Reporting)
- Based on outcomes of the workshop with implementing partners and USAID
 - Write up the workshop outcomes on each indicator
 - Identify differences between workshop recommendations and Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs, and Core Indicators for Monitoring of the President's International Mother & Child HIV Prevention Initiative: Definitions and Guidance
 - Highlight issues outstanding/not resolved on each indicator in terms of statement, definition, data collection and documentation
 - Make suggestions on statements, definitions, data collection and documentation and on issues that cut across indicators, especially those that relate to data quality and reporting.
- Identify and recommend information (especially M&E) and best practices sharing mechanisms, and better collaboration on issues related to HIV/AIDS among USAID supported activity implementers and Government of Uganda relevant ministry and bodies and any other stakeholders.

Existing Information Sources

The following are some of the information sources:

- The Strategic Objective 8 (SO8) Performance Management Plan (PMP)
- MEMS' Preliminary Initial Assessment Draft Report
- Expanded Response guide to core Indicators for Monitoring and Reporting on HIV/AIDS Programs
- Core Indicators for Monitoring of the President's International Mother and Child HIV Prevention Initiative: Definitions and Guidance
- Administrative Directives and PMP guidance

Methodology

The Consultant's methodology will among others be based upon:

- Work in close collaboration with the MEMS SO8 Contact Person who is Technical Supervisor for the Special Study on HIV/AIDS.
- Study of USAID mandatory HIV/AIDS (including PMTCT) indicators, for these indicators review mandatory wording, definition, unit of measure, data source, method of collection, data acquisition (frequency and by whom) and; analysis and reporting frequency and by whom).
- Review of USAID/SO8 HIV/AIDS indicators, including wording, definition, data source, unit of measure, method of collection, data acquisition (frequency and by whom) and; analysis and reporting frequency and by whom).
- Serve as facilitator and then summarize the outcomes of the one-day meeting that will include all USAID implementing partners with HIV/AIDS components, USAID SO8 Team, and a couple of relevant GoU personnel to share information on HIV/AIDS intervention, indicators and M&E/data collection efforts. This meeting should among other things achieve the following:
 - Implementing partners' identification of issues and suggestions to USAID on indicator statements, definitions, and methodology of data collection, as well as recommendations on indicators to be eliminated
 - Implementing partners' understanding of USAID reporting requirements including core and mandatory indicators, and who is responsible for reporting on what indicators.

- Implementing partners' understanding of need for quality data, with attention to steps to eliminate double counting (a problem identified in the MEMS' IA).
- Identify outstanding issues among USAID implementing partners and other stakeholders to ensure improved performance monitoring
- Based on outcomes of the workshop, highlight and make recommendation for addressing outstanding issues including those raised in the MEMS Initial Assessment exercise.

Deliverables

The Consultant shall produce a short written study report (no more than 10 pages of text in the body of the report, plus an Executive Summary and annexes) of the Special Study on HIV/AIDS addressing the issues indicated above. The report shall focus on issues posed by this SOW. Finally, the report shall include a list of specific recommendations as to how better collaboration between USAID implementing partners and stakeholders will be achieved. Through MEMS, the Consultant shall provide to USAID/Uganda one hard copy and one electronic copy (in Microsoft Word 97 or higher, Times New Roman 12 point font) of the Final Report. A suggested format for the formal Special Study on HIV/AIDS report is provided in the form of MEMS illustrative Table of Contents for a Special Study on HIV/AIDS Report (Attachment A).

Team Composition

USAID/Uganda anticipates that this Special Study on HIV/AIDS will require a Consultant with the following skills:

- Strong background and knowledge of implementation of HIV/AIDS strategies and with knowledge of USAID/CDC or UNAIDS reporting/PMP requirements.
- Strong facilitation, good communication and moderation skills; and knowledge of results framework and M&E. (ability to interact with Ugandans and Americans).

Reporting and Dissemination

MEMS Project on behalf of its client USAID/Uganda will be responsible for overseeing the operations and effectiveness of this assignment. The team shall execute the assignment in close consultation with MEMS' Chief of Party (COP) or the Technical Director and the key liaison person for Health, Education and HIV/AIDS. The Consultant shall ensure that report is handed over in good time to allow enough time for comments and feedback. The Consultant will also be required to make an oral presentation of his/her key findings to MEMS, USAID and other relevant stakeholders.

Procedures: Schedule and Logistics

This Special Study on HIV/AIDS shall commence on/about 12th September 2003 and will be completed by 30th September 2003. The Consultant shall be availed office space at MEMS office, 3rd floor, Cotton House, 15 Clement Hill Road and a cell phone will be placed at their disposal for the duration of the period of this Special Study on HIV/AIDS. MEMS will facilitate a one-day, on site Team Planning Meeting (TPM) for this Special Study on HIV/AIDS in its Kampala offices (Attachment B.) The Consultant is expected to organize his/her own program of work following the TPM, working within the parameters of the illustrative work plan provided for this Special Study on HIV/AIDS. (Attachment C) MEMS receptionist will assist the Consultant in making appointments, as needed. The Consultant shall be required to deliver a draft report to the MEMS Technical Supervisor for this Special Study on HIV/AIDS, Mr. Augustine Wandera, who will, in turn, submit it to USAID/Uganda on or about September 30th, 2003. USAID/Uganda will review and provide MEMS with comments on the draft Special Study on HIV/AIDS report within one week of its receipt, and the Consultant shall be required to submit to MEMS a final version of the report that is responsive to USAID/MEMS comments. The final report will be submitted in both hard copy and electronic form. Three bound copies of this report will be provided to USAID/Uganda by MEMS. Electronic

submission to USAID is intended to facilitate compliance with USAID's requirement for the delivery by USAID operating units of an electronic copy of every completed Special Study on HIV/AIDS to USAID/PPC/CDIE at cdie_acq@usaid.gov.

Terms of Payment

The Consultant assigned to this Special Study on HIV/AIDS will be paid in accordance with his/her individual contract with MEMS Project, respectively, but in no case will final payment be issued prior to MEMS acceptance of the final report on this Special Study on HIV/AIDS.

Budget (in Man days)

No.	Activity	International Consultant
1.	Preparation /Document review	1
2.	Days of travel (Air)	3
3.	TPM, Initial Meeting with USAID, Study preparation	1
4.	Workshop preparation	1
5.	Workshop with Implementing Partners	1
6.	Prepare draft report	4
7.	Revise draft report based on comments from oral briefing for USAID	1
8.	Preparation of final report based on written comments from USAID	2
	Total	14

Attachment A: Illustrative Study Report Outline

Cover Page (standard MSI format, identifying the title of the project/activity studied, the date of the study and the recipient's name and those of the members of the study team)

Preface or Acknowledgements [Not required]

Table of Contents

List of Acronyms

Project/Activity Summary [Stand-Alone, 1 page, including: formal title of study, inception and completion dates (if both are known); implementing organization; funding level/amount; brief description/synopsis of the purpose of the study and its primary activities; and, where relevant, identification of the dates/authors/location of any publications used in the study.

Main Part of the Study Report

1. Introduction/Background and Purpose [Overview of the project/activity and where this study falls. Summarizes the development problem being addressed and the kind of assistance provided. Covers the purpose and intended audiences for the study and their main concerns as identified in the SOW.]
2. Study Approach and Methods [Brief summary]
3. Study Issues and Outcomes [This section, organized in whatever way the team wishes, must present the basic study issues, i.e., reporting requirements, core and mandatory indicators, frequency of data collection and reporting, data sources: annual vs survey, basic indicator definitions, methodologies of data collection and reporting; reporting roles and responsibilities; and study/workshop outcomes.]
4. Conclusions [This section should present the study team's interpretations or judgments about issues and outcomes].
5. Recommendations [This section should make it clear what actions should be taken as a result of the implementing partners' workshop.]
6. Lessons Learned. [In this section the study team should present any information that would be useful to people who are considering replicating reporting based on a number of requirements i.e. core and mandatory indicators; and other indicators in any SO of the ISP in USAID/Uganda or elsewhere. Other lessons the team derives from the study should also be presented here.]

Attachment B: Plan for the TPM for the HIV/AIDS Special Study, September 15, 2003

8:30 a.m.	Preliminary discussion with MEMS Technical Supervisor for the study, the clarity of the SOW; technical questions and issues; logistics for the study; MEMS expectations for the study report; the importance of sorting out team roles and responsibilities at the start of the process.
10:00 a.m.	Study planning session: HIV/AIDS Special Study team opportunity to develop a detailed plan for responding to the study scope of work, including proposed approach, methods and relevant/standard publications used.
12:00 a.m.	Study team presentation and discussion with MEMS staff of its proposed approach to the study, including the workshop. This presentation should also cover the team roles and responsibilities as the team has worked them out.
3:30 a.m.	Meeting with USAID. Briefing from USAID on HIV/AIDS Special Study; the study purpose and audiences; priority SOW issues from USAID's perspectives. Discussion of any other issues related to the study.

Attachment C: Tentative work plan for HIV/AIDS Special Study

No.	ACTIVITY	VENUE	DATES
1.	Pre-study set-up, e.g., document reproduction, preparation of potential list of names workshop participants etc., for discussion with USAID.	MEMS/USAID	09/11/2003 – 09/12/2003
2.	TPM for the HIV/AIDS Special Study, including discussion of the SOW with USAID. Study Team develops documents review and workshop plan; divides roles and responsibilities, prepares detailed study schedule; and report preparation/writing schedule and assignments.	USAID Offices / MEMS Offices	09/15/2003
3.	Review of HIV/AIDS Special Study relevant materials, e.g., Handbook of Indicators for HIV/AIDS, Expanded Response Guide to Core Indicators, The AIDS Program Effort Index (API), ADS guidance on HIV/AIDS indicators, Core Indicators for Monitoring of the Presidential Initiative, SO8 PMP, USAID ISP 2002-2007, Implementing Partners' Briefers etc	MEMS Offices	09/16/2003
4.	Implementing Partners' Workshop	Musa Courts Apartments	09/17/2003
5.	Draft report write-up, analysis of study findings/ workshop outcome and preparation of a PowerPoint or Flip Chart presentation, or a typed summary of Findings, Conclusions and Recommendations for USAID ² . <i>(sharing draft with MEMS)</i>	MEMS Offices	09/18/2003 09/19/2003 09/20/2003 09/22/2003
6.	Oral briefing to USAID by Consultant	USAID Offices	09/23/2003
7.	Complete draft report based on USAID oral briefing	MEMS Offices	09/23/2003
8.	Submission of draft report to USAID	MEMS Offices	09/30/2003
9.	USAID comments incorporated into final version of the study report; final report submitted to USAID by MEMS	TBD	TBD

² Per USAID/Uganda requirements, any PowerPoint presentation to be provided to USAID on the day preceding the presentation.